Application for Cancer Registry Surveillance Data Arkansas Department of Health

APPLICANT INFORMATION

Date of Request
Name of Requestor
Title
Organization
Mailing Address
Telephone Number
Fax Number
Email Address
Contact Person (if different from Requestor)

PROJECT DESCRIPTION

Title of analysis project

Provide a brief description of the proposed project.

Describe why the information desired cannot be obtained from the online query system or any other listed sources

Describe the specific type of data requested. (Include specific data variables desired, but note no all variables may be available.)

Describe how the data will be analyzed.

Describe how the data are planned to be used and/or presented.

Include a time frame for completion of the proposed project(s).

If you plan to publish any reports or scientific papers, the Arkansas Department of Health/Cancer Registry must be cited and given credit for the data:

"The author(s) acknowledge that the data used in this report were provided by the Arkansas Department of Health, Cancer Registry, 4815 W. Markham, Little Rock, AR 72205. The Arkansas Central Cancer Registry is fully funded by a grant from National Program of Cancer Registries, Centers for Disease Control and Prevention (CDC)"

The Arkansas Central Cancer Registry has jurisdiction on all data requests and will be reviewed and completed according to our policies. If any of the information specified above is not provided, your request may not be fulfilled. We will try to present the information to you by the fulfillment date submitted; however, other factors may determined or hinder the completion of your request. We cannot guarantee that you will receive the information requested.

SUBMIT REQUEST:

Please submit all requests to:
Theressia Mitchell, RHIT, CTR
Program Manager
Arkansas Central Cancer Registry
Arkansas Department of Health
4815 West Markham Street
Slot 7
Little Rock, Arkansas 72205
Or
Theressia.mitchell@arkansas.gov

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